STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155298	A. BUILDING 00 B. WING	01/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE MANOR NURSING & REHABILITATION CENTER	8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260

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F0000	This visit was for the Investigation of Complaint number IN00102278. This visit was in conjunction with a Post Survey Revisit (P.S.R.) to the Investigation of Complaint IN00100584 completed 12/13/11. Complaint IN00102278 substantiated. Federal/state deficiencies related to the allegations are cited at F323. Survey date: January 23, 2012 Facility number: 000195 Provider number: 155298 AIM number: 100267690 Survey team: Charles Stevenson RN Census bed type: SNF/ NF: 83 Total: 83 Census payor type: Medicare: 8 Medicaid: 64 Other: 11 Total: 83 Sample: 3	F0000	We would like to respectfully request a desk review on this survey. As stated on the 2567, the facility had correctly executed an appropriate assessment, care plan and CNA assignment sheet for this resident as far as the use of proper and appropriate equipment for transfer. Since this finding was the result of an isolated incorrect decision by a single CNA, we would like to ask for a desk review.We have inserviced/couseled the CNA in question. We have also inserviced all other staff. We have had no other incidents of this type.Thank you for your consideration in this matter.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	This deficiency also reflects state findings cited in accordance with 410 IAC 16.2. Quality review completed 1/26/12 Cathy Emswiller RN			

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F0323 SS=G	The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.			
	Based on record review and interview, the facility failed to ensure a resident was protected from injury (Resident B) when a staff member (CNA #1) attempted a transfer without following correct transfer protocols resulting in the resident being dropped and suffering a fracture of her left foot. 1 resident of 3 reviewed for injuries in a sample of 3. Findings include: 1. The record of Resident B was reviewed on 1/23/12 at 2:30 p.m. Diagnoses included, but were not limited to, vascular dementia with delusions and psychosis. A Quarterly Minimum Data Set (M.D.S.) assessment dated 11/03/11 indicated Resident B required staff assistance for all activities of daily living and was totally dependent and required the assistance of 2 staff members for transfers. A physician's order dated 6/28/10, and indicated by the 3rd floor Assistant Director of Nursing (ADON) on 1/23/12 at 3:30 to be a current order, indicated	F0323	Element #1 It is the policy of this facility to ensure that every resident is protected from injury at all times to the greatest degree possible. Resident B no longer resides at the facility. Element #2 All residents have the potential to be affected by this finding should a staff member choose no to follow the direction as dictated by the physician's order, resident's care plan for care and/or the CNA (Certified Nurse Aide) assignment sheet. Note: This finding was the result of one staff member making the choice to use the incorrect lift ot transfer this resident. Going forward, all care giver staff will continue to be required and expected to follow all doctor orders, care plans and CNA assignment sheets for all aspects of care including in particular, resident transfers. Additionally, the DON or designee will monitor at least 3 trasfers on at least 3 residents weekly for those who require a lift, to ensure the proper lift is used. Any concerns will be addressed immediately prior to an incorrect lift being used. This monitoring will continue to be done until 4 consecutive weeks of zero negative findings are realized. Note: The CNA who use the incorrect lift has been inserviced	02/16/2012

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	"Hoyer lift and assist of 2 for all transfers." A Health Care Plan for Resident B dated 7/27/11 indicated "Problem: At risk for falls r/t (related to) decreased mobility, hx (history) of falls, psychotropic drug use, Parkinson's, Dementia..." Daily CNA Assignment Sheets for Resident B indicated "Transfer hoyer lift" and indicated she was a 2 person transfer. On 1/23/12 at 3:30 the 3rd floor ADON indicated this had been on all CNA assignment sheets since the physician's order of 6/28/10. A Therapy Department Functional Maintenance document dated 11/30/11 indicated "Dependent (for) transfers...Hoyer lift to transfer..." An "Incident/Accident Report" dated 12/14/11 at 9:55 a.m. indicated "Name of person involved: (Resident B)...CNA was transferring resident (symbol for "with") a stand up lift and resident slide (sic) to the floor, does not bear weight...Assessed for bruises and possible fx (fracture)...CNA educated to use right equipment..." Nurse's notes indicated: 12/14/11 10:30 a.m. "Res (resident) was		and counseled for this misuse.Element #3:The week of Monday, February 13, 2012, all staff will be inserviced as to the absolute necessity to follow any and all doctor's orders, plans of care for all residents and all dictates as listed on the CNA assignment sheets. Emphasis will be placed on transfers and transfer equipment.Any staff who fail to comply with the points of this inservice will be further educated and/or progressively disciplined as necessary.Element #4:At the monthly Quality Assurance meetings the results of the DON/designee monitoring will be reviewed. Any concerns will have been addressed at the time of the monitoring.	

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	being transferred this AM and fell. CNA called writer to the room and found Res on the floor. CNA stated Res was holding on to the stand up lift and let loose, therefore sliding to the floor...(symbol for "no") apparent injuries..." 12/16/11 4:00 a.m. "...c/o (complaining of) lower leg pain/ankle...PRN (as needed) Tyl. (Tylenol) given...Poss (possible) X-ray needed..." 12/16/11 8:15 a.m. " Res continues to c/o pain to (symbol for "left") (symbol for "lower") ext. (extremity)...Res expressing pain (symbol for "with") movement...order for an X-ray given. X-ray ordered..." 12/16/11 12:30 p.m. "Received X-ray results...(symbol for "left") (symbol for "lower") leg shows a nondisplaced fx of the lateral malleolus (a bone of the ankle) appearing to be acute or recent..." 12/17/11 4:00 a.m. "Swelling cont in (symbol for "left") ankle. C/O pain when care done..." 12/19/11 9:00 a.m. Res LOA (leave of absence) for appt (appointment) at (name of Orthopedic clinic)..." 12/19/11 9:00 p.m. "Good capillary refill			

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	to casted left foot..." During an interview on 1/23/12 at 3:30 p.m. the 3rd Floor Assistant Director of Nursing (A.D.O.N.) indicated that Resident B had been a Hoyer lift, 2 person transfer "as long as she had been in the facility" which she indicated had been 17 months, and that this was indicated on the CNA Assignment Sheets. She also indicated CNA#1 had used an incorrect lifting device and attempted a one person transfer on Resident B on 12/14/11 when she was dropped and injured. During an interview with the Administrator on 1/23/12 at 4:45 he indicated that the facility had specific policies related to transfers and use of Hoyer lifts, that regular inservices on transfer policies, including the use of Hoyer lifts, had been done, and that CNA #1 was aware of facility policy. He indicated that the attempt to transfer the resident on 12/14/11 without using a Hoyer lift and without the assistance of another staff person was contrary to facility policy. 2. An undated facility policy titled "Hoyer Lift" received from the Quality Assurance Nurse on 1/23/12 at 4:30 p.m. and identified as a current facility policy			

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	indicated "A Hoyer lift enables nursing personnel to lift and transfer a Resident to and from bed as safely and easily as possible...A Hoyer lift is to be used for resident who are too heavy to move by yourself or who are seriously disabled. A Hoyer lift is never to be used without two (2) staff members present..." This federal tag relates to Complaint IN00102278. 3.1-45(a)(1)			